

2117 Campus Drive SE • Suite 300 Rochester, Minnesota 555904 Phone: 507-328-7150 • Fax 507-328-7959 Hearing Impaired-Minnesota Relay: 7-1-1

Change Request/Drop Off Request

HCV Worker	Public Housing Worker	
☐ I am dropp	I am dropping off paperwork requested by my worker – Complete Section 1.	
☐ I am report	I am reporting a change – Check one of the options below and complete Section 1	
☐ Income	☐ Household Composition ☐ Both	
Section 1 - Ten	ant Information	
Head of Household:	Head of Household's SSN:	
Address:	Phone Number:	
E-Mail Address:		
Information Re	equired for a Change	
	s in household income and composition must be reported in very	writing within 30 days of
	ach proof of the change to this form. Failure to provide p t in a delay in processing.	proof of your change
Section 2 - Plea	ase list your change: (i.e. add/remove household member; a	dd/remove income)
Remember to	attach documentation of your change! Please :	see back for instructions
I hereby certify and understand that the statements herein, WARNING! Section	I affirm under penalties of perjury that the above statements e Olmsted County Housing and Redevelopment Authority material I have no objections to such inquiries. In 1001 of Title 18 of the U.S. Code makes it a criminal offen misrepresentations to any department or agency of the U.S.	are true and correct. In ay verify the set to make willful
Signature of Head	I of Household	Date

IMPORTANT: All household changes must be reported in writing in a timely manner. All supporting documentation must be attached to this page in order for the change to be processed. If you do not provide information in a timely manner, you may be required to repay any overpaid assistance. It may also delay reduction in your rent portion.

ALL SUPPORTING DOCUMENTATION MUST BE ATTACHED TO THIS CHANGE FORM IN ORDER FOR THE CHANGE TO BE PROCESSED. PLEASE SEE BELOW FOR THE DOCUMENATION THAT IS NEEDED.

<u>Removing a household member:</u> Provide a copy of the person's new lease or a piece of mail showing the person's new address.

<u>Adding a household member:</u> Provide a copy of the person's identification - Certification of Birth, Naturalization Papers, Valid Driver's License, Department of Motor Vehicle Identification Card, U.S. Passport, Employer Identification Card, Social Security Card, U-551, I-94, I-688. **You must have PRE-APPROVAL from the HRA and your landlord to add someone to your household.**

Birth/Adoption of a Child: Provide a copy of the child's birth certificate and social security card.

<u>Increase in Wages:</u> Provide 8 weeks of consecutive pay stubs or employment letter with hourly wage, and hours worked per week.

<u>Decrease in Wages:</u> Provide 8 weeks of consecutive pay stubs or employment letter with hourly wage, and hours worked per week.

New Job: Provide an employment letter stating the start date, hourly wage, and hours worked per week.

<u>No longer employed:</u> Provide a separation notice stating the termination date. If you are eligible for unemployment benefits, provide a printout of your weekly unemployment benefits.

<u>Zero Income</u>: If you do not receive wages, cash assistance, or unemployment benefits, provide a completed zero income form (located on the housing rack).

Change in Student Status: Provide a copy of the most current class schedule.

You may visit the following websites for proof of income: Social Security: https://www.ssa.gov/myaccount/

Unemployment: http://www.uimn.org/

OFFICE USE ONLY: